

**MINUTES
OF THE
HEALTH COMMISSION MEETING**

Tuesday, August 5, 1997

3:00 p.m.

at

101 Grove Street, Room #300

San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 15, 1997

Action Taken: The Commission unanimously adopted the minutes of July 15, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Central Administration - Acceptance of Department of Public Health's Annual Gift Report for FY 1996-97.

(3.2) **Central Administration** - Consideration of a resolution approving settlement of unlitigated claim on behalf of the Department of Public Health by the State Department of Health Services against the Federal Health Care Financing Administration in the amount of \$1,672,598.

(3.3) **Central Administration** - Request for approval of a resolution authorizing the Department of Public Health to accept and expend thirty-five recurring grants from the State of California.

(3.4) **Central Administration - AB75** - Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to \$9,179,584 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1997-98.

(3.5) **PH-EMSA** - Combined request to approve the following: 1) apply for retroactively, and accept and expend a State EMS Authority grant in the amount of \$54,000, and 2) approval of a contract modification with O'Rourke Public Relations in the amount of \$37,000, for the period of June 24, 1997 through June 25, 1998, to create a public education campaign to promote the importance of prompt recognition of stroke symptoms and rapid access to care in San Francisco through use of the 911 EMS system.

(3.6) **PH-AIDS Office** - Request for approval to accept and expend a donation from Microsoft Corporation valued at \$131,000, for software for the "Reggie Project".

(3.7) **PH-Disease Control** - Retroactive renewal contract with Regents of the University of California in San Francisco (UCSF), in the amount of \$179,550, to provide physician and radiology services for the Tuberculosis (TB) Clinic at San Francisco General Hospital (SFGH), for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling \$15,367,022 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.8) **PH-Disease Control** - Retroactive renewal contract with Mission Neighborhood Health Center (MNHC) in the amount of \$75,164 for the provision of immunization services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with MNHC for services totaling \$878,159 during FY 1996-97).

(3.9) **PH- Maternal, Child and Adolescent Health (MCAH)** - Request for sole source approval and a new contract with Polaris Research and Development (Polaris) in the amount of \$123,000 to provide technical assistance, media, and outreach services for the Perinatal Outreach and Education Project for the period of certification through December 31, 1997. (DPH contracted with Polaris for services totaling \$943,407 during FY 1996-97).

(3.10) **PH-MCAH** - Retroactive Renewal contract with C.A.H.E.E.D. Inc., in the amount of \$174,000 for the provision of outreach, support and perinatal education as well as Afrocentric parenting classes to African American women and parents in the Bayview Hunters Point District for the period of July 1, 1997 through June 30, 1998. (DPH contracted with C.A.H.E.E.D. for services totaling \$147,000 during FY 1996-97).

(3.11) **PH-Mental Health** - Request for approval of Provider Pool and Funding Level of \$2,200,000 for FY 1997-98 for service for children enrolled in the Family Mosaic Project.

Commissioner Barnes observed that some of the listed providers are not credentialed. The Department will not use a provider who is not credentialed.

(3.12) PH-Mental Health - New contract with Westside Community Mental Health Center in the amount of \$1,136,663 per year to implement a new Managed Care Program serving severely mentally ill adults for the period of July 1, 1997 through June 30, 1999. (DPH contracted with Westside for services totaling \$9,080,198 during FY 1996-97).

(3.13) PH-Mental Health - Contract renewal with Mental Health Management I, Inc. D.B.A. Canyon Manor in the amount of \$2,463,750 per year to provide subacute locked skilled nursing 24-hour services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Canyon Manor for services totaling \$2,405,103 during FY 1996-97).

(3.14) CHN-SFGH - Request for sole source approval and a new contract with HA Software Services for the provision of administration and management of voice communications systems in the amount of \$65,000 for the period of August 15, 1997 through August 31, 1998.

(3.15) Consideration of a resolution supporting the San Francisco Healthy Cities: CHIPPS Senior Prevention Collaborative Project.

Action Taken: Commissioners adopted Resolution #17-97, "Supporting the San Francisco Healthy Cities: CHIPPS Senior Prevention Collaborative Project," (Attachment A).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.7.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.).
(Mitchell H. Katz, M.D., Interim Director of Health)

I would like to thank the Mayor and the Health Commission for providing me the opportunity to lead the Health Department during this interim period. Under the guidance of this Commission, the Department has set out an ambitious agenda, including substance treatment on demand, a plan for universal health care coverage, an assessment of the health of the Bayview Hunters Point neighborhood, an increase in immunization rates, and completion of our own internal organizational structuring.

Given this set of goals, we do not have the luxury to wait until there is a permanent Health Director for moving forward. The Executive Staff and I are committed to accomplishing this vital work. We recognize the importance of a team effort. As has been acknowledged by all, Dr. Hernández was a superb leader. We believe that the ultimate tribute to her leadership will be how well we will function as a team in her absence.

ADMINISTRATION

1997 Managerial Excellence Awards

I am pleased to announce the Department's five nominees for the 1997 Managerial Excellence Awards. These managers continue to excel leading the Department of Public Health through a time of great change in the health care field:

- Joe Goldenson, M.D. Director, Forensic Services
- Nelly Lee Supervisor, Budget Analysis and Fiscal Systems Unit, CHS
- Michael Reiter, Pharm.D. Director for Authorization for the SF Mental Health Plan
- Dwight Starr Director, SFGH Materials Mgmt. & Pharmaceutical Services
- Charles Stinson, M.D. Chief of Psychiatry, Laguna Honda Hospital

Appointment of Budget Manager

Please help me welcome Anne Okubo as the Department's Budget Manager. Anne started her new position today replacing Sarah Ecker, who recently moved to Boston. Anne formerly served as budget manager for the Port of San Francisco and as senior financial analyst for the Airport. She also worked as a financial planning analyst for Kaiser Permanente. Ms. Okubo has a masters' degree in public policy from Harvard's John F. Kennedy School of Government. Anne has a keen interest in health policy and finance, and an extensive working knowledge of the City's budget and financial systems.

STATE

State Budget

At this point, the State does not have a FY 1997-98 budget. The Governor and legislative leaders reached a tentative compromise last week that is now in jeopardy due to subsequent actions by the Governor who made a \$1.36 billion lump sum payment to the California Public Employee Retirement System (PERS). The payment, owed pursuant to a court settlement, could have been spread over a number of years.

This additional \$1.36 billion expense in FY 1997-98 means that all budget increases proposed by the Governor and/or the Legislature's Budget Conference Committee are in jeopardy. The Department of Finance has determined that as a result of the PERS payment, only \$196 million in reserve funding is available for increased expenditures. With proposed increases in funding of approximately \$2 billion, there is a great deal of competition, and little chance that many programs will actually receive increases. The Budget Conference Committee is meeting this week to negotiate a new budget proposal. At-risk are the following health-related programs and increases, most of which were previously considered highly likely for funding:

Medi-Cal

- Extend Medi-Cal to more uninsured children by: (1) eliminating the assets waiver for children to qualify under the 100% and 133% federal poverty level programs (FPL), (2) increasing outreach for eligible but not enrolled children and (3) outstationing more eligibility workers.
- Accelerate the phase-in of Medi-Cal coverage for adolescents aged 14 through 18 into the 100% of FPL program.
- Continue funding of state-only prenatal care for undocumented immigrants.
- Continue funding of long-term care for undocumented immigrants.
- Continue funding of full-scope Medi-Cal for legal immigrants who arrived in the U.S. after August 22, 1996.

State Welfare Reform Proposals:

Although the Governor and legislative leaders had reached a compromise on welfare reform, it is unclear whether any of the agreements will move forward as stated above. Floor votes are expected on the compromise this week. The compromise includes the following provisions:

- Provides 18 months of “welfare-to-work” assistance, after which community service would be required; county option to extend to 24 months.
- Continues 4.9% TANF grant cut; COLA suspended for one year.
- Exempts parents with children under six months from participating in work requirements; counties may reduce to three months or extend to twelve months, depending on child-care availability.
- Requires TANF applicants to provide proof of their children’s immunizations within 30 days of receiving their Medi-Cal card; recipients have 45 days to provide proof of immunizations; counties can extend time for good cause.
- After five-year maximum time limit, children will be provided child-only grants; parents will be ineligible for General Assistance (GA).
- No State buy-out of GA (Legislative Welfare Reform Conference Committee proposed 30% State share of GA costs), and no repeal of county obligation to GA (Governor’s proposal).
- Explicit prohibition of aid for individuals convicted of a drug felony.

Other Health-Related Budget Issues:

- Reduce the DSH intergovernmental transfer for State rake-off by \$75 million this year, which -- if eliminated -- would result in a \$4.4 million loss for San Francisco.
- Continued funding for In-Home Supportive Services for legal immigrants who lose eligibility under welfare reform due to loss of SSI-linkage.
- \$100 million state-only Food Stamp program for legal permanent residents who were in the U.S. as of August 22, 1996 and lost food stamp eligibility under federal welfare reform.
- Continued SSI for legal permanent residents who are not covered by the recent federal legislative proposals (i.e., those who were in the U.S. as of August 22, 1996, but become elderly after that date).

State Legislation

The Department is tracking over 100 Bills which could impact San Francisco. Many Bills will receive final committee hearings and floor votes this month, and will then be considered by the Governor. Others are two-year Bills, and will not be acted on until 1998. Several Bills have been introduced to address expansion of health care coverage. A joint Conference Committee on Access to Health Coverage Among Low-

Income Californians was convened last month to consider these Bills. At their first meeting, committee members received testimony regarding topics including: the state of health insurance in California, reasons for lack of coverage and State and Federal options for extending coverage.

FEDERAL

Federal Budget

President Clinton is expected to sign the Balanced Budget Agreement this week. In general, the Bill is more favorable to San Francisco than earlier budget Bills that had been introduced and approved by the House and Senate. However, the Department is still adversely impacted by a number of the initiatives. Medicaid funding will be reduced as a result of DSH savings and repeal of the Boren Amendment. Potential funding allocations for the Child Health Initiative have not been determined. The Department will be working closely with the State Department of Health Services to determine how the State will use and distribute these funds.

Medicaid

Medicaid disproportionate share program (DSH) savings have been reduced to \$10.4 billion over a five year period. State reductions will not be based on a formula -- the Bill simply provides the dollar amount of each state's DSH allocation over the next five years. California's DSH allocation will be \$1.085 billion in federal fiscal year 1998 and \$877 million in 2002.

In addition, the Bill phases out DSH funding for mental health facilities (California has never received DSH funding for these facilities). As a result, DSH funding previously allocated to mental health facilities will now be available for acute care institutions. This is Congress' attempt to more appropriately target DSH payments.

The Bill also includes:

- Repeal of the Boren amendment which provides for reasonable hospital reimbursement (\$1.2 billion in savings) -- this provision could reduce Laguna Honda's Medi-Cal funding by \$18 million to \$54 million annually.
- Phase-out of cost-based reimbursement for federally qualified health centers and elimination of FQHC look-alike status for provider-based FQHCs -- this will impact the Department's 14 FQHC sites as well as the 10 other community-based FQHCs under the San Francisco Community Clinic Consortium.
- State flexibility to implement mandatory managed care without a 1915(b) waiver -- California's managed care programs are currently under 1915(b) waivers. In the future, the State can continue its managed care programs or develop new ones by amending its Medi-Cal state plan and not submitting a waiver.
- State option to provide 12-month continuous Medicaid eligibility for children -- to reduce the number of uninsured children.

Medicare

No structural reforms are being proposed for Medicare. Instead, the Bill outlines \$115 billion in savings over the next five years; the savings are primarily through reducing provider payments. The Bill establishes a

new prospective payment system for skilled nursing facilities, home health, hospital outpatient, rehabilitation facilities and ambulance services. The Bill also establishes "Medicare Choice" which expands managed care for Medicare recipients. Medicare DSH payments are reduced by 1% in 1998 with progressive reductions to a 5% reduction by 2002.

Children's Health

The Bill allocates \$24 billion for the child health initiative. States would be provided grants to increase the number of insured children. For the next five years, a State's allocation will be based on the number of uninsured children in the state.

States have the option to: (1) expand Medicaid coverage, (2) enroll kids in health plans under private health insurers, (3) directly provide health services or (4) combination of the above. The Bill does provide a benchmark of a benefits package that would be acceptable under this initiative.

State's will work to amend their Medicaid plans -- outlining how they will expand coverage. Funding for this initiative is available October 1, 1997. Unfortunately, the federal regulations which will define the parameters of this initiative will not be available by the time states are required to submit plans to receive the funding.

Welfare Reform

Under the Bill, virtually all legal immigrants who were residing in the United States before August 22, 1996 and receiving Social Security income (SSI) will continue to receive SSI (and therefore Medicaid). In addition, the Bill provides for prospectively SSI eligibility for legal immigrants who were in the U.S. as of August 22, 1996 and who subsequently need SSI in the future.

There is continued restriction of eligibility for legal immigrants who enter the U.S. after August 22, 1996.

Other components are:

- provides \$25 million annually over the next four years to 12 states with a high number of undocumented residents to pay for emergency services to this population,
- extends the exemption period for refugees and asylees receiving benefits from 5 to 7 years, and
- restores Medicaid coverage for children losing SSI under the Welfare Reform Act.

Sustainability Plan for San Francisco

On July 21, 1997 the Board of Supervisors approved a resolution endorsing the Sustainability Plan for San Francisco. The City's new Department of the Environment will be responsible for overseeing the implementation of the Plan. The Plan was developed as a collaborative led by the San Francisco Commission on the Environment and the community-based organization Sustainable San Francisco.

The Plan identifies goals, objectives and actions in areas ranging from air quality to human health to economic development. The final document was modified to reflect the comments and suggestions of the Health

Commission. As a result, the Human Health section of the Plan takes into consideration national Healthy People 2000 goals as well as specific health characteristics of San Francisco's population.

The Board adopted the Plan's concept of sustainability as an underlying goal for all City agencies. The Plan outlines non-binding guidelines which City Departments are encouraged but not required to achieve. The Plan does recommend specific actions for both the public and private sectors to implement.

The Department of the Environment, in conjunction with Sustainable San Francisco, has already begun the process of implementing selected aspects of the Plan. Implementation of the Plan requires involvement from City agencies, businesses, residents and other private entities. Currently, stakeholders in the private sector are being sought to endorse various objectives in the Plan. The Department of Public Health will continue to work with the Department of the Environment and Sustainable San Francisco to support the development of health-related activities under the Plan.

PUBLIC HEALTH

Postexposure Prophylaxis for Exposures to HIV

On July 24 and 25 I attended a meeting at the Centers for Disease Control and Prevention (CDC) on the subject of postexposure prophylaxis for sexual and injection drug use exposures to HIV.

Postexposure prophylaxis refers to the use of antiretroviral drugs such as zidovudine (AZT) after an exposure to HIV. While it is currently the standard of care for health care workers who sustain a needle stick, its use following sexual exposure or exposure through injection drug use is more controversial.

At the meeting, many scientists and prevention advocates cautioned the CDC against issuing recommendations in favor of postexposure treatment. The most serious concerns are that the efficacy of postexposure treatment is unproven and that it will undermine existing primary prevention efforts. Despite this note of caution, most (but not all) scientists and advocates believe that postexposure treatment should be offered to individuals in appropriate settings.

As the Commission is aware, San Francisco has taken the lead nationally on developing a model of offering postexposure treatment. A team of epidemiologists, physicians, and prevention experts from the Health Department and the University of California, San Francisco have been designing the treatment protocols. We have successfully raised \$270,000 of private funds to support the project and have submitted an application for funding to the National Institute of Health. A community advisory board has been established and several meetings with prevention providers have been held. This project would provide service to exposed individuals while also allowing us to collect the needed data on the consequences of postexposure treatment.

At the CDC meeting, several activists and community leaders commented that the meeting was reminiscent of the early days of the HIV epidemic in two ways: much was unknown and San Francisco was setting the national standard.

Professional Training

San Francisco State University has been awarded a prestigious grant from the Fund for the Improvement of Post-Secondary Education (FIPSE) based on a proposal to formalize a collaboration with the San Francisco Department of Public Health. The project envisions a Masters in Public Health curriculum using DPH: facilities for seminars, programs for research and internships and staff as adjunct faculty. In return, San Francisco State faculty will participate in key public health initiatives under the auspices of the Department,

and students will serve their internships in settings that promote program goals. The intent of this collaboration is to dissolve the boundaries between professional training and public health practice. Similar to the ways in which the affiliation agreement has improved the quality of medical practice by enriching it with research and teaching, we hope that our public health practice can be improved by affiliation with research and teaching that will help keep us current on recent developments in public health. We look forward to the development of this partnership with San Francisco State University.

Medical Waste Program Brochure

The Bureau of Environmental Health Management, Medical Waste Program created a brochure entitled, "A Guide to Help Keep Our Community Free of Needles and Bloody Items". The brochure provides specific information on how to safely handle, contain, and dispose of needles and syringes. Additionally, it provides information on how to clean-up blood and body fluids. Listed inside the brochure are locations where people can take needles and syringes for proper disposal.

The brochure was created in response to expressed concern about handling needles found in the community. The Medical Waste Program is committed to building a partnership with the residents of San Francisco to keep the community free of needles and bloody items.

Voluntary Cleanup Program

The Bureau of Environmental Health has initiated a pilot-program under the authority of Senate Bill 1248 for the clean-up of contaminated sites within the City. Specifically, the legislation allows the local environmental health agency to enter into a written agreement for the supervision of the cleanup of simple waste releases with a responsible party. This will shorten the cleanup process by allowing property owners, local, and state agencies to enter into voluntary cleanup programs rather than having prior approval of projects by the Department of Toxics Substance Control (DTSC - State). The Voluntary Cleanup Program, cannot supervise sites that involve complex hazardous substances or hazardous waste releases or those subject to specific permitting or abatement orders.

HEPA Vacuum Campaign in Bernal Heights

A project promoting use of a high-efficiency (HEPA) vacuum for lead dust cleanup was carried out in Bernal Heights and the Outer Mission by the DPH Childhood Lead Prevention Program and the Bernal Housing Corporation from June 17-28, 1997. The project reached 31 families with children affected by lead poisoning or with children under six years of age. Many parents reported that not only was the dust removed from the walls, floors and other surfaces, but the air in the house appeared cleaner.

Recreation and Park Collaboration

The Childhood Lead Prevention Program made arrangements with KQED TV Community Education Coordinator, Kathleen Acord, to provide 30 City Recreation and Park centers with Sesame Street "Lead Away" lead prevention kits. Each kit contains a lead poisoning prevention video, 10 bilingual family booklets and a parent education tape in English and in Spanish. The 30 videos will reach over 3,345 children attending programs in 30 city parks, as well as many of their parents and teachers.

Wrap-up on the Childhood Lead Prevention Program's Public Awareness Campaign

The three month public awareness campaign to consumers of construction products, property owners, contractors, construction workers and hardware stores has been completed. The goal of

the campaign was to educate consumers about lead-safe methods, so that they in turn would use and demand safe construction work methods. Our campaign used direct mailings to contractors and rental property owners, multiple media outputs, street signs, distribution of literature, phone assistance to the public, trainings for hardware stores employees.

New Mandates and Outreach to Home Improvement Stores

The Childhood Lead Prevention Program, SLUG and Bernal Housing Corporation distributed trilingual lead hazard warning signs and pamphlets to 173 San Francisco hardware stores in June 1997. A new San Francisco law, (Section 1610.1, Articles 26, San Francisco Health Code) requires retailers to educate their customers about lead hazards by posting the DPH warning sign and by distributing educational material to their customers. We provided each store with a supply of the DBI brochure, *Lead Paint Hazards In Construction Projects*. Twelve hardware stores volunteered to use our pads of "Post-It" stickers. These stickers contain basic facts about lead-safe practices and can be attached to the tops of paint cans and other supplies at the time of sale.

South of Market Clinic New Site

The South of Market Clinic relocated to its new site at 760 Harrison Street July 21. Ongoing meetings between Mental Health staff and the community will continue to respond to concerns as they arise. Staff are committed to being good neighbors and to being a resource for the community.

Moldy Sandwiches Problem Being Addressed

The Bureau of Environmental Health Management received a complaint July 23, 1997 from the Mayor's Summer Lunch Program Coordinator regarding moldy and green bologna sandwiches at three lunch sites. Inspectors were immediately dispatched to inspect all sites and to take action where necessary.

A joint meeting was held yesterday between BEHM, SFUSD officials and the Mayor's Summer Lunch Program Coordinator to emphasize the need to provide wholesome foods at all times to students and to take necessary action to prevent future occurrences. Inspectors were dispatched at 8:00 a.m. today to inspect, sample and to abate any violations at Denman, Marina Middle, Roosevelt Middle, Galileo, McAteer High and Potrero Middle Schools. The Department will remain vigilant on ensuring healthful lunches.

The Breast Cancer Oral History Project

The Breast Cancer Oral History Project, an organization that has carried out extensive work in low income communities, including Bayview Hunters Point, has completed its process of developing a multilingual book and a mural about the experiences of medically underserved women with breast cancer. The mural itself is a powerful guide aimed at breaking the silence of breast cancer among women of color. It also questions environmental factors that may play a detrimental role in our lives. Viewing requests for the mural have come from various organizations locally, nationally and as far away as India and Zimbabwe.

Art to Please the Heart

I am pleased to announce that Tom Waddell Health Center and Homeless Programs are sponsoring a summer arts and crafts show to showcase the artistic skills of many of the Center's clients. The show, called "Art to Please the Heart", runs today and tomorrow from 10 am to 5 p.m. at the Friends (Quakers) Meeting House at 65 - Ninth Street. Client artwork will be on sale to the public during this time. All proceeds from the sale of arts and crafts will go directly to the artists. This is a worthy endeavor and I invite the support of all.

COMMUNITY HEALTH NETWORK

SFGH Ranked Number 1 Hospital in the United States for AIDS Care

Last month in its “America’s Best Hospitals Guide”, *U.S. News and World Report* ranked San Francisco General Hospital as the Number 1 AIDS hospital in America. This is the 7th consecutive year the hospital has earned this honor. The staff at San Francisco General Hospital should be commended for the longevity of their success.

AB 1040 Task Force Update

The AB 1040 Task Force planning is well underway. All five design teams have been appointed and have met. The teams are:

- Service Delivery
- Resource Allocation and Financing
- Scope of Services
- Supportive Housing
- Consumer Issues

The submission target date to the State is November. Five public forums are planned to receive public input to the initial planning process. Additional public forums will be scheduled once draft documents are completed.

Emergency Resolution To Expedite Construction of Radiology Plant Modifications

On July 21, the Board of Supervisors approved an emergency declaration authorizing the Director of Public Works to expedite the construction of Radiology plant modifications. The Department had budgeted \$10 million in prior fiscal years to update the radiology equipment and plant. Radiology has experienced numerous equipment failures which have threatened the life and safety of the patients at SFGH. The Director of Public Works proposed, and Dr. Hernández agreed to present an emergency declaration to the Board of Supervisors so that the project would be completed in the most expeditious manner. This declaration has allowed the Director of Public Works to abbreviate the construction bidding and selection time frames.

Mural Dedication and Reception

Laguna Honda Hospital and Creativity Explored of San Francisco are pleased to announce the 6th Floor Recreation Alcove mural completion. A dedication and reception was held July 25 . This mural was painted by residents and members of Creativity Explored.

Potrero Hill Jobs and Health Fair

The second Potrero Hill Jobs and Health Fair, was held July 19 at the Potrero Hill Health Center. The Fair was organized by Health Center staff, in collaboration with many local agencies, including Potrero Hill Neighborhood House, Potrero Hill Family Support Center/EOC, American Red Cross Bay Area Family Community Partnership, SF Neighborhood Safety Partnership, SF Housing Authority and Young Community Developers. The Fair attracted 500 people and featured health information, job applications, community agency information, and free food, drink and entertainment.

Laguna Honda Medical Staff

On behalf of the governing body, medical staff applications for the following Laguna Honda medical staff have been signed:

- Daniel L. Maison, M.D., who will provide as needed night and weekend coverage
- Sharon Myerly, D.P.M., who will provide consultant podiatric services
- Robert Halvorsen, M.D., who will provide consultant radiology services

Diversion Statistics

The Critical Care diversion for the period July 1-31, 1997 was 23 hours and 40 minutes or 3.2%. The Emergency Department diverted for 22 hours and 0 minutes or 3%.

5) **PRESENTATION OF THE 1996 ANNUAL SAN FRANCISCO GENERAL HOSPITAL FOUNDATION REPORT**

Cindy Doubleday, President of the SFGH Foundation Board of Directors, presented the 1996 Annual Report, highlighting the funds allocated to the areas of trauma, pediatrics, AIDS/HIV care, and youth violence prevention.

Commissioner Barnes acknowledged the work of Mera Granberg, Executive Director of the SFGH Foundation. Commissioner Barnes also recognized the importance of private foundation funding for public hospital programs.

Commissioners Monfredini and Sanchez thanked the Foundation for its excellent fund raising work.

6) **CONSIDERATION TO APPROVE AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**

Dr. Robert Mackersie, Chief of Medical Staff, presented the proposed amendments to the Bylaws. These amendments would accomplish the following:

1. Move the Committee structure, with the exception of the Medical Executive, Nominating, and Joint Conference Committees, to a separate document that pertains to the Medical Staff's Committee structure. The functions and responsibilities of the Medical Records Committee, Tissue Committee, and Transfusion Committee have been incorporated into the Quality and Utilization Management Committee. The Laboratory Advisory Committee and the Invasive Procedures Committee have been eliminated. These changes are consistent with JCAHO recommendations that the number of Medical Staff Committees be reduced, and have been made in consultation with the appropriate Chief of Service and/or Committee Chairs.
2. Add a new staff category, Courtesy Without Privileges. This will allow providers who would otherwise qualify (credentialwise) for active/courtesy membership, but who will not be admitting and treating patients at SFGH to become members of the SFGH Medical Staff and participate in managed care plans.
3. Move the credentialing and affiliate staff procedures to a separate document entitled "Credentialing Procedures".
4. Move the corrective action and hearing procedures to a separate document entitled "Corrective Action/Fair Hearing Rules".

5. Move the Rules and Regulations to a separate document entitled “Rules and Regulations”.
6. Streamline the revision process by providing for Ballot Vote revisions to the Bylaws rather than voting at the Annual Meetings, and Medical Executive Committee approval of the other documents, all of which are subject to approval by the Governing Body.

Dr. Mackersie reported that these amendments were approved at the annual Medical Staff dinner in June.

Action Taken: The Commission unanimously approved the amendments to the SFGH Medical Staff Bylaws.

Dr. Mackersie acknowledged the new Chief of Medicine, Dr. Talmadge King, Jr. and introduced Wendy Paye, new Director of Medical Staff Services.

7) **PRESENTATION BY THE CITY ATTORNEY AND CONSIDERATION OF
A RESOLUTION OPPOSING THE GLOBAL TOBACCO SETTLEMENT**

City Attorney Louise Renne gave an overview of the three Federal and State Court lawsuits that the City and County of San Francisco has filed. She expressed to the Commission her concerns on the proposed global tobacco settlement at the Federal level. Her concerns are related to health considerations, legal enforcement, and financial issues. She strongly urged the Commission to support the resolution opposing the proposed settlement of lawsuits initiated by States Attorneys General against tobacco companies.

Alyonik Hrushow, Tobacco Project Coordinator, presented the following public health reasons for not supporting the proposed global settlement:

1. The proposed settlement would limit the Food and Drug Administration’s ability to regulate tobacco.
2. The advertising, marketing and youth access restrictions are inadequate.
3. The environmental tobacco smoke provisions would remove the ability of OSHA to implement many of the proposed regulations currently under review.
4. Provisions to hold the industry accountable for not implementing measures to reduce youth smoking are inadequate.
5. The proposed settlement would most likely intensify the tobacco industries’ international trafficking in the Third World and Eastern Europe.
6. The settlement would remove the international public health community’s strongest weapon against the tobacco industry, the filing of lawsuits in the U.S. tort system.

Action Taken: The Commission unanimously adopted resolution #18-97, “Opposing the Current Proposal to Settle Lawsuits Against the Tobacco Companies Presented to Congress and President Bill Clinton,” Attachment B.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)